



Attorney's Docket No.: 81862.P096

Patent

In re the Application of: Gene Chui, et al.
(inventor(s))

AMENDMENT UNDER

37 C.F.R. § 1.116

EXPEDITED PROCEDURE

Application No.: 09090,096

EXAMINING GROUP 2662

Filed: 06-30-1998

For: METHOD AND APPARATUS FOR PROVIDING PROGRAMMABLE MEMORY FUNCTIONS FOR
BI-DIRECTIONAL TRAFFIC IN A SWITCH PLATFORM
(title)

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SIR: Transmitted herewith is an **Amendment After Final Action** for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

No additional fee is required.

A Notice of Appeal is enclosed.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)
Total Claims	97	Minus	**99
Indep. Claims	*7	Minus	***7
First Presentation of Multiple Dependent Claim(s)			

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X43	\$
+145	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$ 0
X86	\$ 0
+290	\$
Total Add. Fee	\$

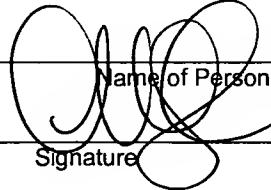
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

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on May 12, 2004 Date of Deposit


Signature

Carla Vignola
Name of Person Mailing Correspondence

5-12-04

Date

A check in the amount of \$ _____ is attached for presentation of additional claim(s).
 Applicant(s) hereby Petition(s) for an Extension of Time of ONE month(s) pursuant to
37 C.F.R. § 1.136(a).

A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
 Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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The Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666
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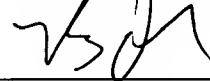
Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

Any extension or petition fees under 37 C.F.R. § 1.17.

Date: 5/12/04

12400 Wilshire Boulevard
Seventh Floor
Los Angeles, California 90025
(408) 720-8300

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP



Robert B. O'Rourke

Reg. No. 46,972



EB A 7/26/00

TRANSMITTAL FORM

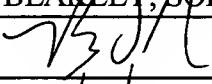
(to be used for all correspondence after initial filing)

		Application No.	09/090,096
		Filing Date	June 3, 1998
		First Named Inventor	Gene Chui
		Art Unit	2662
		Examiner Name	Logsdon, Joseph B.
Total Number of Pages in This Submission	38	Attorney Docket Number	81862P096

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; margin-top: 10px;">Return Postcard</div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert B. O'Rourke, Reg. No. 46,972 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
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Date	5/12/04

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Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
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